

EVA Technology Workshop 2017

October 17, 2017

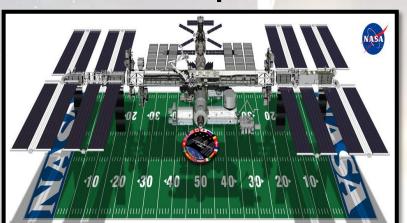
Marlei Walton, PhD, MSE

Exploration Medical Capabilities

What are our mission and goals



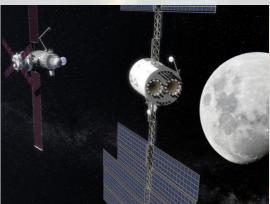
International Space Station



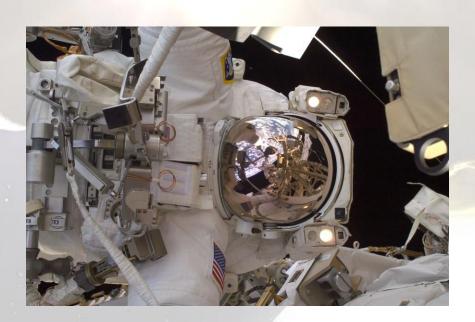
Orion Capsule



Gateway Missions







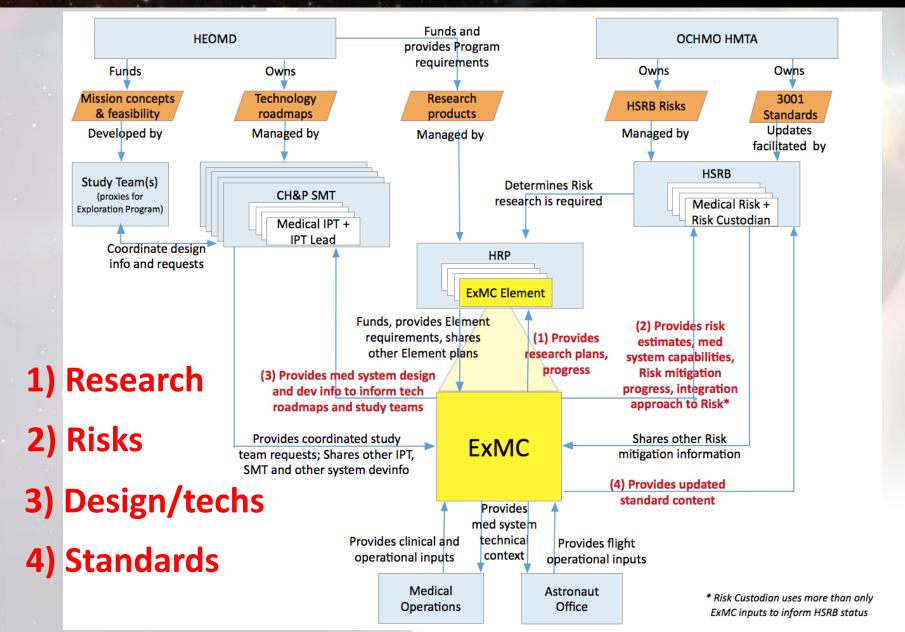
ExMC – Mission



Minimize mission medical risk through medical system design and integration into overall mission and vehicle design

ExMC Team: Organizational Context





Types of Telemedicine Care



Live remote guidance









Live monitoring



MEDB 1.3 PMC

	Description	Consultations will be conducted between the flight surgion and U.S. constraintly via private air-to ground loop and video to discuss medic status, luman factors, and habitation systems.				
		Daration:	Scholule:	Personari Required:		
	Schodule:	Private Medical Conference 15 min. (each crewmenber)	*Duity for first five days after docking (separately schoduled on all arriving USOS curvamenters.)	Flight Surgon and Crewmorabo		
		Private Medical Conference 15 min. (per crewmember)	Weekly	Fight Surgeon and Crewmenter Fight Surgeon and Crewmenter Fight Surgeon and Crewmenter Fight Surgeon and Crewmenter		
		Private Medical Conference 15 min. (EVA participant)	Prior to each EVA (within 24 hm. of mit. doming)			
		Private Medical Confenence 15 min. (EVA participant)	Following such EVA (within 24 fers. of suit removal)			
		Private Medical Conference 15 min. (per crewmember)	*Dutly beginning last five days prior to landing (individually scheduled on each returning USOS orewmember) and the morning of crary landing.			
		Private Medical Confessor 15 min. (per crewmember)	As clinically indicated	Flight Surgeon and Crownenber		
Precedures:		Procedures for conducting PMCs are contained in the ISS BME Console Handwork. Should a medical innecescur, contingues procedures are contained in the Systems Operations Data File (NODE) Medical Checklist.				
Constraints / Special Requirements:		A Private Medical Conference may be requested at any time by the Crew Communder, Flight Surgeon (FS), Flight Director (FD), or any convenience.				
Photo / TV Requirements:		PMC nominally includes video of available at time PMC is scheduled				
Mission Extension Requirements:		NA NA				
Landing Wave-Off Requirements:		NA .				
Data Delivery		PMC data is estered into the PMC form located in the EMR. Video and audio recordings of PMCs are provided to the LSAH Knowledge Menugement Team for archiving.				

MEDB 7.2 PPC

In-Flight Activity Description:	The PPCs will be a recurring item in the schedule, and will occur two times per month.					
8.	Duration:	Schedule:	Flexibility:	Blood Volume:	Personnel Required:	
Schedule:	15 minutes	Every 2 weeks	At discretion of Crew Surgeon.	N/A	Crewmember and Behavioral Health and Performance (BHP) Specialist	
Procedures:	N/A					
Constraints / Special Requirements:	A PPC may be requested at any time by the Crew Communder, Crew surgeon (CS), Fight Director (FD), or any crewmenther, PPC shall be conducted on two-uny private voles with or without video communication between each individual BS cremmenter and a designee of the crewmenther's home agency behavioral health and performance group, preferably in the crewmenther's native language. Each CM to be schedul individually daring off-utry times.					
				e crewmember's native		
Photo / TV Requirements:				e crewmember's native		
Photo / TV Requirements: Cold Stowage Requirements:	individually during off-d			e crewmember's native		
	individually during off-d Private two-way video			e crewmember's native		
Cold Stowage Requirements:	individually during off-d Private two-way video N/A			e crewmember's native		

Store and forward



Autonomous



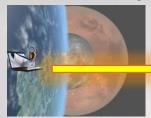




Exploration EVA



Current ISS Ops

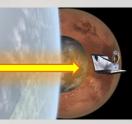


Live monitoring: reliant on ground



Mission tasks

Exploration



Live monitoring → space-based expertise



Mission tasks
Bioadvisory information
Navigation
Consumables tracking

Medical Capabilities



- Biomonitoring
- Radiation Monitoring
- Sleep Monitoring
- Flexible Ultrasound
- Pharmaceutical stability
- Laboratory Analysis
- Medical Training Platforms
- Medical Data Architecture
- Medical Systems Development
- Medical Risk Assessment



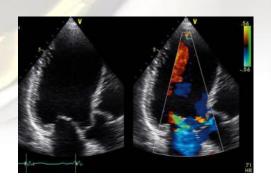






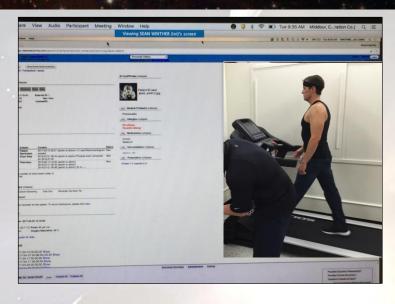




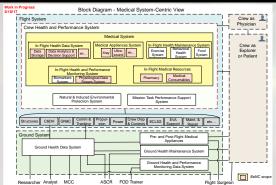


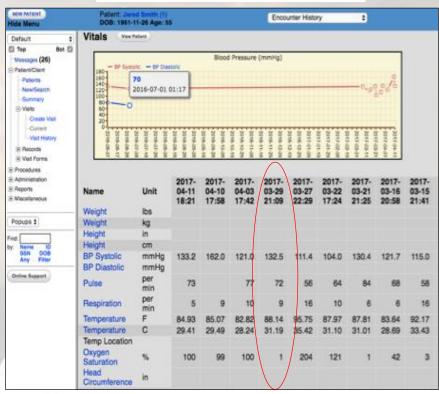
Medical Data Architecture





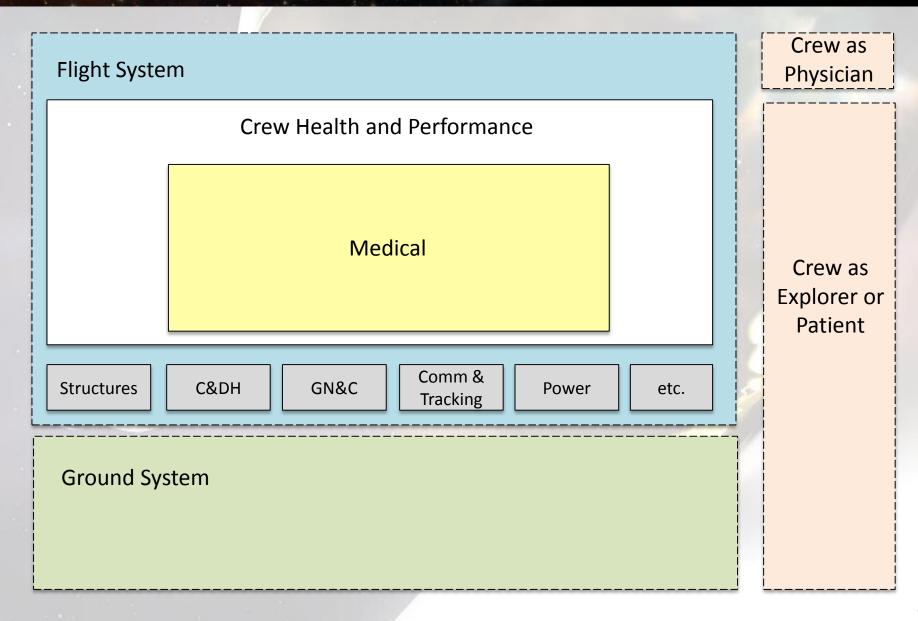






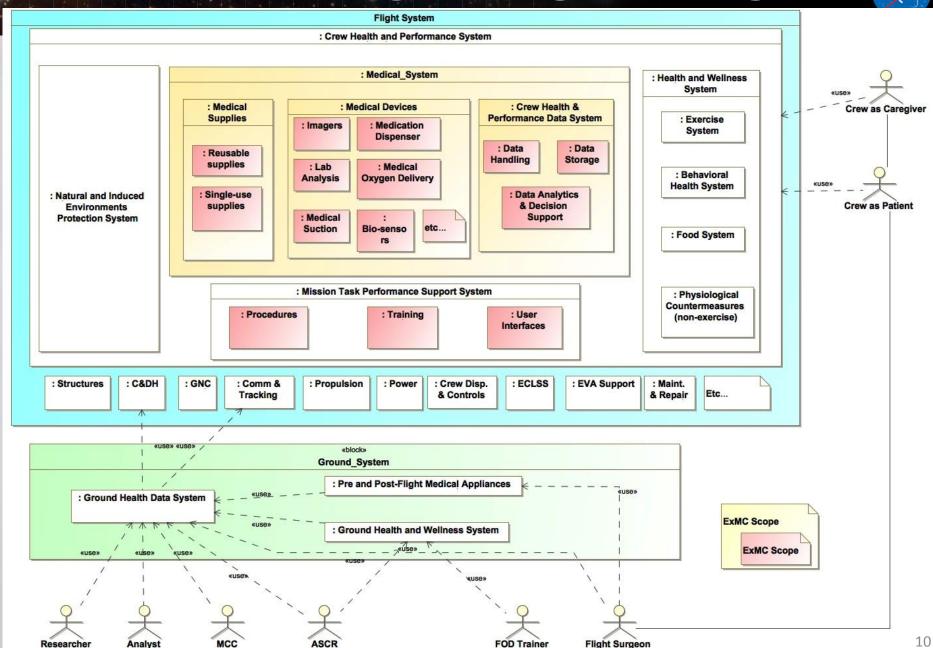
Translating to Engineering





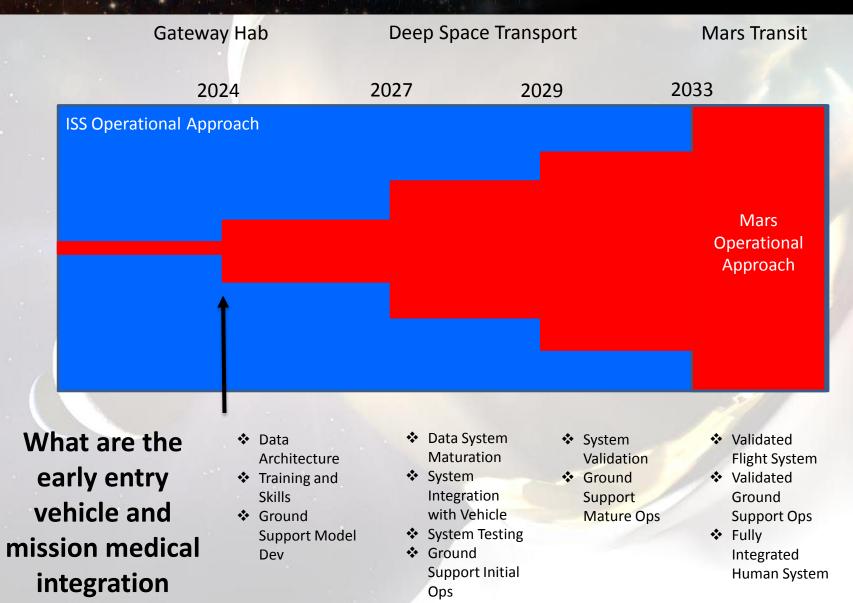
Translating to Engineering





Development Timeline

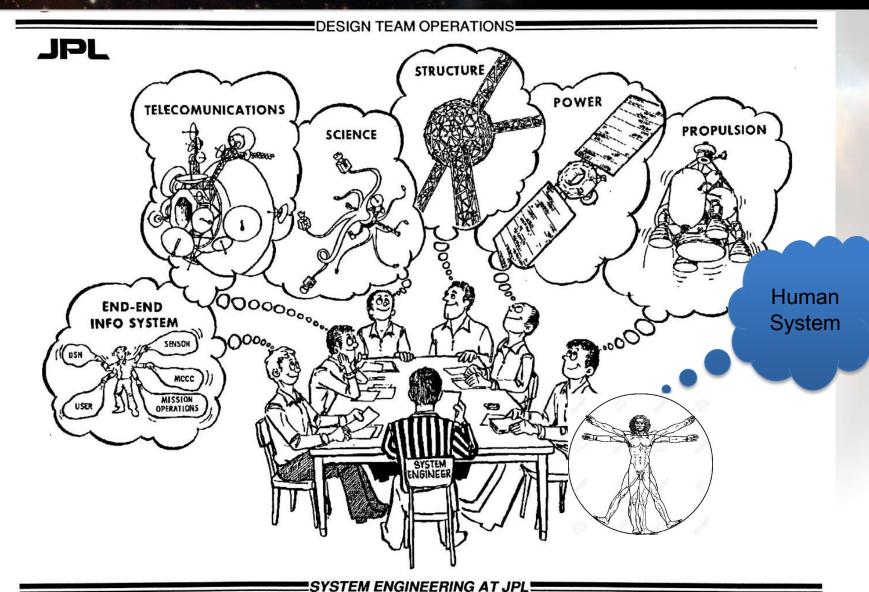




needs?

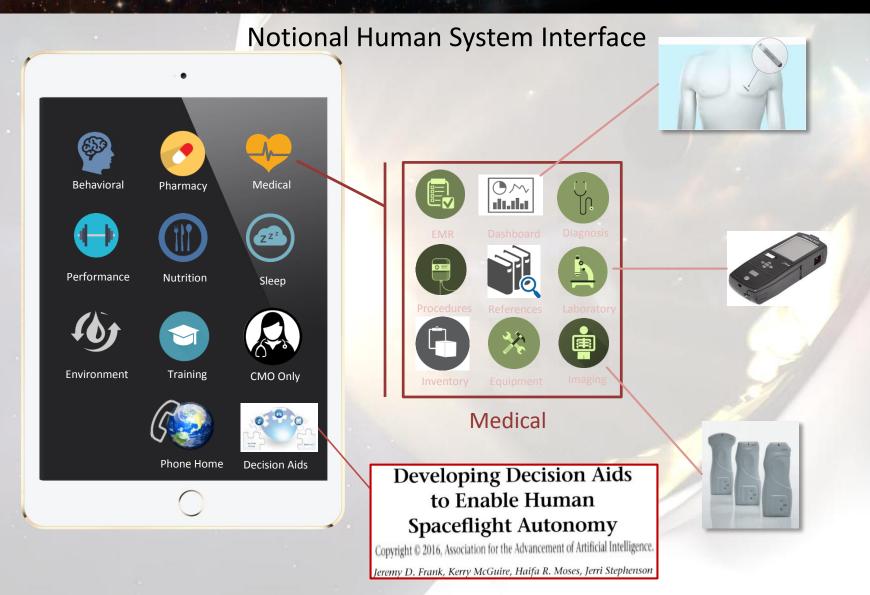
Human System Integration





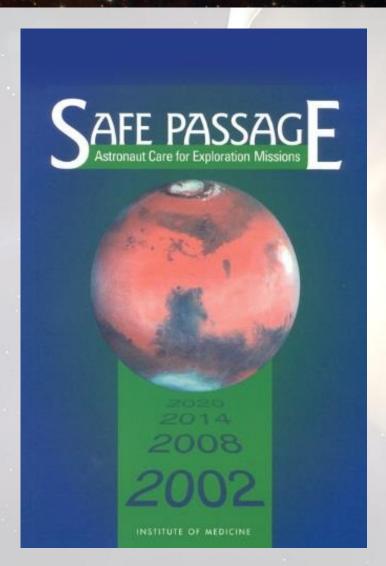
Moving Towards Mars: Intuitive, Usable 🔤





Future Direction





2001, Conclusion 6:

NASA, because of its mission and history, has tended to be an insular organization dominated by traditional engineering. Because of the engineering problems associated with early space endeavors, the historical approach to solving problems has been that of engineering. Long duration space travel will require a different approach, one requiring wider participation of those with expertise in divergent, emerging, and evolving fields. NASA has only recently begun to recognize this insufficiency and to reach out to communities, both domestic and international, to gain expertise on how to remedy it.

Committee on Creating a Vision for Space Medicine During Travel Beyond Earth Orbit, Board on Health Sciences Policy and I. O. Medicine, *Safe Passage:*Astronaut Care for Exploration Missions, Institute of Medicine of the National Academies Press, 2001.



ExMC – Risks



- Pharmaceutical Stability Risk
- Renal Stone Risk
- Acute Bone Fracture Risk
- Celestial dust Exposure Risk

Medical Risk

Select ExMC Medical Risk Gaps



Med01	We do not have a concept of operations for medical care during exploration missions. ConOps
Med02	We do not have the capability to provide a safe and effective pharmacy for exploration missions. Pharmacy
Med03	We do not know how we are going to apply personalized medicine to reduce health risk for a selected crew. Personalized Medicine
Med05	We do not know how to train crew for medical decision making or to perform diagnostic and therapeutic medical procedures to enable extended mission or autonomous operations. Training for Autonomy
Med07	We do not have the capability to comprehensively process medically-
Med08	We do not have quantified knowledge bases and modeling to estimate medical risk incurred on exploration missions. Databases and Modeling
Med10	We do not have the capability to provide computed medical decision support during exploration missions. Real-time Decision Support

ExMC – Bioinformatics



Biosensor Integration Development ExMC/Canadian Space Agency Collaboration

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- 2017 NASA Human Research Program Investigators' Workshop

